24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Concerned American Voters	FEC IDENTIFICATION NUMBER ▼ C C00525899
	C 000323899
Check if 24-hour report X 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name of Payee Carter Printing Company	Date of Public Distribution/Dissemination O9 23 2015
Mailing Address 1739 East Grand Ave	Amount
City State Zip Code	2887.05
Des Moines IA 50316	Transaction ID : SE.5688 Date of Disbursement or Obligation
Purpose of Expenditure Printing - door hangers Category/ Type 004	09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DAND BALL	e Sought: House District:
Oppose X	Fresident Senate State.
Calendar Year-To-Date Per Election for Office Sought 1091396.31 Disb 2016	ursement For: X Primary General Other (specify) ▶
Full Name of Payee i360	Date of Public Distribution/Dissemination
Mailing Address PO Box 37046	10 09 2015 Amount
City State Zip Code Baltimore MD 21297	2500.00 Transaction ID : SE.5689
Purpose of Expenditure Voter file and contact tools Category/ Type 001	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PAND PAUL	e Sought: House District:
Oppose X	President State State.
Calendar Year-To-Date Per Election for Office Sought 1093896.31 Disc. 2016	ursement For: X Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5387.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Edward King [Electronically Filed] Date	10 13 2015
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Concerned American Voters	C C00525899	
Check if 24-hour report X 48-hour report New report Amends rep	port filed on	
Full Name of Payee	Date of Public Distribution/Dissemination	
i360	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 37046	Amount	
City State Zip Code	502.01	
Baltimore MD 21297	Transaction ID : SE.5690 Date of Disbursement or Obligation	
Purpose of Expenditure Robocalls Category/ Type 004	1 10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support	Office Sought: House District:	
RAND PAUL Oppose	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 1094398.32	Disbursement For:	
Full Name of Payee	Date of Public Distribution/Dissemination	
Voter Contact Services, LLC	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 107 S. West St, PMB 501	Amount	
City State Zip Code	126041.70	
Alexandria VA 22314	Transaction ID : SE.5691 Date of Disbursement or Obligation	
Purpose of Expenditure Staffing and Services for Field Canvassers Category/ Type 001	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support	Office Sought: House District:	
RAND PAUL Oppose	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 1220440.02	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures	126543.71	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	··· >	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Edward King [Electronically Filed] Dat	te 10 13 2015	
Signature		

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: SE.5691

This report includes the full value of services rendered by the vendor for this period; a credit related to the prior month's services reduces the actual amount to be paid.

Form/Schedule: Transaction ID: